## 4031151137

## FEC STATEMENT OF

RECEIVED

FORM 1		ORGANIZATION			2014 JAN -9 AM 9: 37 FEIC MAIL CENTER				
NAME OF COMMITTEE (in	ı full)		Check if name s changed)		mple:If typing, type the lines.	12FÉ4N			
Niger Innis	for Co	ngres	\$  - - - -	<u> </u>		<u> </u>			
			11111		1 1 1 1 1 1			<u> </u>	لبب
ADDRESS (number a	nd street)	7495 We	st Azure Drive	1 1 1	1 1 1 1 1 1 1		1 1 1		1
(Check If	address							<del></del>	l
is changed	d)	Las Vegas , NV , 89130 , ,							
			TY A	<del></del>		STATE A		ZIP CO	DE A
COMMITTEE'S E-MA	AIL ADDRE	ss			•				
(Check if		dbacke	r@dbcapitolstra	itegies	.com				1
is changed	u)	Optional	Second E-Mail Ad	dress	<del></del>	<del> </del>	<u> I</u>	<u> </u>	
	•	Caitlin	@dbcapitolstr	ategie	s <sub>r</sub> com	1111			
									•
COMMITTEE'S WEE	PAGE ADI	DRESS (UI	RL)						•
(Check if	address		s2014.com						1
is changed	<b>a)</b>		<u> </u>	<del>1</del>	_ <u>llll</u> _			L	<del></del>
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2. DATE 0	1 02		2014						
3. FEC IDENTIFIC	CATION NU	IMBER >	C	·					
4. IS THIS STATE	MENT X	NEW	(N) OR		AMENDED (A)				
I certify that I have	ekamined th	is Stateme	ent and to the best	of my	knowledge and belief	it is true, corre	ect and com	plete.	
Type or Print Name	of Treasure	Dan Ba	cker /						
						•		entra	
Signature of Treasure	er <i>Dan E</i>	acker (		<u> </u>	<u> </u>	Date	<b>K</b> 9	)2	2014
NOTE: Submission of	false, errone		•	-	oject the person signing			Ities of 2 U	.S.C. §437g.
Office					For further information	contact:		C FORM	W 1
Use	1			,	Federal Election Commis	ssion		wised 06/20	_

FEC FO	rm 1 (Revised 02/2009)	<del></del>					Page 2	
TYPE OF C	OMMITTEE							
• •	e Committee:							
(a) X	This committee is a pri	ncipal campaig	an com	mittee. (Com	plete the candidate in	formation belov	v.)	
(b)	This committee is an a	uthorized com	mitte <del>e</del> ,	and is NOT	a principal campaign	committee. (Co	mplete the candi	date
Name of Candidate	information below.) Niger Innis	<u> </u>		1,111		<u> </u>	1 1 1 1 1	<u> </u>
Candidate		Office					State	NV
Party Affiliati	on Rep	Sought:	×	House	Senate	President	District	04
(c)	This committee support	ts/opposes only	y one o	candidate, an	d is NOT an authoriz	ed committee.		
Name of Candidate			11					
Party Con	nmittee:		···-					
(d)	This committee is a			tional, State subordinate)	committee of the		(Democratic, Republican, etc	c.) Party
Dallalani A			·· -					
	ction Committee (Pa	•						
(e)	This committee is a se	parate segrega	ated fur	nd. (Identify c	onnected organization	on line 6.) Its c	onnected organiz	ation is a
	Corporation			Corpo	ration w/o Capital Sto	nck	Labor Organi	ization
	Membership O	rganizati <del>an</del>		Trode	Association		Cooperative	
	In additi	on, this commi	ttee is a	a Lobbyist/Re	gistrant PAC.			
<b>(f)</b>	This committee suppor committee. (i.e., noncor			one Federa	l candidate, and is N	OT a separate	segregated fund	or party
	In addition, this	committ <del>ue</del> is a	Lobbyi	st/Registrant	PAC.			
	In addition, this	committee is a	Leader	ship PAC. (k	lentify sponsor on line	6.)		
Joint Fund	Iraising Representat	tive:						
(g)	This committee collects committees/organization							ical
(g) (h)	This committee collects committees/organization This committee collects	ns, at least one contributions, p	of which	ch is an author ndraising exp	rized committee of a fe enses and disburses n	ederal candidate et proceeds for	<b>9</b> .	
(h)	This committee collects committees/organization This committee collects committees/organization	ns, at least one contributions, p as, none of whice	of which pays fur ch is an	ch is an author ndraising exp	rized committee of a fe enses and disburses n	ederal candidate et proceeds for	<b>9</b> .	
(h)	This committee collects committees/organization This committee collects	ns, at least one contributions, p as, none of whice	of which pays fur ch is an	ch is an author ndraising exp	rized committae of a fo enses and disburses n ommittee of a federal o	ederal candidate et proceeds for candidate.	<b>9</b> .	
(h)	This committee collects committees/organization This committee collects committees/organization	ns, at least one contributions, p as, none of whice	of which pays fur ch is an	ch is an author ndraising exp	rized committee of a fe enses and disburses n	ederal candidate et proceeds for candidate.	<b>9</b> .	
(h) Com	This committee collects committees/organization This committee collects committees/organization	ns, at least one contributions, p as, none of whice	of which pays fur ch is an	ch is an author ndraising exp	rized committae of a fo enses and disburses n ommittee of a federal o	ederal candidate et proceeds for candidate.  mber	<b>9</b> .	
(h) Com 1.	This committee collects committees/organization This committee collects committees/organization	ns, at least one contributions, p as, none of whice	of which pays fur ch is an	ch is an author ndraising exp	rized committee of a feenses and disburses no ommittee of a federal of the feet and	ederal candidate et proceeds for candidate.  mber C	<b>9</b> .	

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Write or Type Committee Name	<b>e</b>				
Niger Innis for (	Congress	3			
6. Name of Any Connected (			Fundraising Repr	esentative, or Le	adership PAC Sponsor
NONE , , , , , ,					
	11111		1 1 1 1 1		
Mailing Address					
	11111				1-1 1
	<u> </u>	CITY		STATE	ZIP CODE
Relationship: Connected	d Organization	Affiliated Committee	Joint Fundraising	Representative	Leadership PAC Sponsor
<ol> <li>Custodian of Records: Idea books and records.</li> </ol>	ntify by name, add	dress (phone number	optional) and positi	on of the person	in possession of committee
Caitlin Co	ntestable				<u> </u>
	717 King Street	<del> </del>	<u> </u>		<u> </u>
Mailing Address	Ste 300			<u> </u>	<u> </u>
				1 1 1 1 1 1 22	314
	Alexandria		لببيا	VA L	
Title or Position		CITY		STATE	ZIP CODE
Assistant Treasurer	1111	; , , , , ,	Telephone num	202 nber   1 1	- 210 - 5431
8. Treasurer: List the name an any designated agent (e.g.,			he treasurer of the	committee; and t	the name and address of
Full Name Dan Back	er				,
of Treasurer	1717 King Street				<u> </u>
Mailing Address				11111	
	Ste 300			11111	
	Alexandria			VA   22	
Title or Position		CITY		STATE	ZIP CODE
Treasurer			Telephone num	ber	- 210 - 5431

CITY

STATE

ZIP CODE

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Name of Bank, Depository, etc.

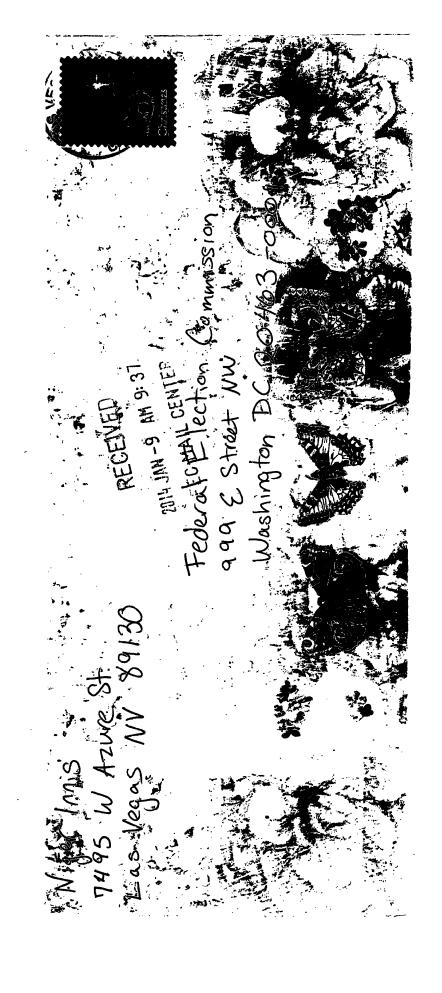
Mailing Address

T

M

## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1S (Revised	06/2011)		Page 5
Banks or Other Depositories safety deposit boxes or mainta Name of Bank, Depository, etc	ins funds.	ich the committee deposits funds	, holds accounts, rents
ــنــنــا			لسسسسا
Mailing Address			ليسيسي
			ليسيسي
		ليا ليب	لىنىا-لىنىا
	CITY 🛦	STATE 4	ZIP CODE 🛕
Name of Any Connected Org	anization, Affiliated Committee, Joint Fun	draising Representative, or Le	[ ADDITIONAL ] adership PAC Sponsor
Mailing Address			لىسىسىسا
			ليستبسب
		ليا ليبي	لــــا-لـــــا
Relationship:	CITY.	STATE 4	ZIP CODE
Connected Organization	Affiliated Committee Joint Fur	ndraising Representative	eadership PAC Sponsor
Designated Agent			[ ADDITIONAL ]
Caitlin Co	ntestable	<u> </u>	
Mailing Address	717 King Street		·
	Ste 300		
	Alexandria		22314 –
Title or Position <b>▼</b>	CITY 🌢	STATE	ZIP CODE
Assistant Treasurer		Telephone number2	02 – 210 – 5431
Joint Fundraiser Participant			[ADDITIONAL]
سيسيي		FEC ID number	



## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): **PREPARER** DATE PREPARED

(8/2013)